# **CONSENT TO JOIN CLAIM FORM**

Mohamad Farah, on behalf of himself and all other similarly situated v. LogistiCare Solutions, LLC Case No. 4:20-cv-00578-RK in the District Court for the Western District of Missouri.

**CONSENT TO JOIN** 

You must submit t	his form no later than Jan	uary 3, 2022, to:	
Telephone Number	Email Address		V
225-227-0972	3 ritashe	n 08@	1 Ahrocem
Address	City/State/Zip		
1523 S. Gonrabe	8 TRACIE	Gomal	es la 70737
Full Name (Print clearly)	Signature		Date
Kita Clarbone	Patrille	where	10/12/2021
Please print	t or type the following info	ormation:	
specifically authorize the named Plaintiff, along my behalf and to negotiate a settlement of the claparty plaintiff herein and be bound by any judgm	with counsel of record for tailing asserted in this case. I	he named Plaintiff to hereby consent, agree	prosecute this lawsuit on ee and opt-in to become a
my name and on my behalf to contest LOGISTIC under federal law. I also authorize the filing of			
LOGISTICARE SOLUTIONS, LLC, from (month, year). By my s	ignature below, I hereby au	thorize the filing and	d prosecution of claims in
	(print name)		

LogistiCare Wage and Hour Litigation P.O. Box 26170

Santa Ana, CA 92799

Or, you may submit this form online by going to: transportationproviderlawsuit.com on or before January 3, 2022.

#### CONSENT TO JOIN CLAIM FORM

Mohamad Farah, on behalf of himself and all other similarly situated v. LogistiCare Solutions, LLC Case No. 4:20-cv-00578-RK in the District Court for the Western District of Missouri.

# CONSENT TO JOIN

Kouse (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about June, 2016 (month, year) to on or about March, 2020 (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

## Please print or type the following information:

Demotrius L. Rouse	Demet Rous	e 10/15/2021
Full Name (Print clearly)	Signature	Date
2634 Whirlaway Ava	Florance, Sc	29505
Address	City/State/Zip	
parfact lova transport@gr	nail. com	843-618-2503
Telephone Number	Email Address	

You must submit this form no later than January 3, 2022, to:

LogistiCare Wage and Hour Litigation P.O. Box 26170 Santa Ana, CA 92799

Or, you may submit this form online by going to: transportationproviderlawsuit.com on or before January 3, 2022.

# **CONSENT TO JOIN CLAIM FORM**

Mohamad Farah, on behalf of himself and all other similarly situated v. LogistiCare Solutions, LLC Case No. 4:20-cv-00578-RK in the District Court for the Western District of Missouri.

## **CONSENT TO JOIN**

My name is Schola MCarol (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about Many (month, year) to on or about Many name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

## Please print or type the following information:

Brenda McCarroll	Brenda Mcanoll	10(12/21
Full Name (Print clearly)	Signature	Date
11324 Clarebird Ave	Cleveland Ohio 4410	5
Address	City/State/Zip	
216702 3323	56 bmccarroll@gma	il.com
Telephone Number	Email Address	

You must submit this form no later than January 3, 2022, to:

LogistiCare Wage and Hour Litigation P.O. Box 26170 Santa Ana, CA 92799

Or, you may submit this form online by going to: transportationproviderlawsuit.com on or before January 3, 2022.

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## **CONSENT TO JOIN CLAIM FORM**

Mohamad Farah, on behalf of himself and all other similarly situated v. LogistiCare Solutions, LLC Case No. 4:20-cv-00578-RK in the District Court for the Western District of Missouri.

# **CONSENT TO JOIN**

LOGISTICARE SOLUTIONS, LLC, from on common description (month, year). By my signature my name and on my behalf to contest LOGISTICARE under federal law. I also authorize the filing of this conspecifically authorize the named Plaintiff, along with constant of the constan	(print name). I was an In Network Transportation Provider for about
Please print or ty	pe the following information:
Full Name (Print clearly)	10 13 702    Signature   Date
2912 N. State Kd 7	Morgate Pl 33063
Address	City/State/Zip
954-692-4539	eniorsocial club 2912 g) gmail. com
Telephone Number	Email Address
You must submit this for	m no later than January 3, 2022, to:
LogistiCare V	Vage and Hour Litigation
P.	O. Box 26170

Or, you may submit this form online by going to: transportationproviderlawsuit.com on or before January 3, 2022.

Santa Ana, CA 92799

#### **CONSENT TO JOIN CLAIM FORM**

Mohamad Farah, on behalf of himself and all other similarly situated v. LogistiCare Solutions, LLC Case No. 4:20-cv-00578-RK in the District Court for the Western District of Missouri.

#### **CONSENT TO JOIN**

My name is Mark Karnowsky (print name). I was an In Network Transportation Provider for
LOGISTICARE SOLUTIONS, LLC, from on or about 03/22/2017 (month, year) to on or about
(month, year). By my signature below, I hereby authorize the filing and prosecution of claims in
my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required
under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I
specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on
my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a
party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

#### Please print or type the following information:

wark Karnowskiy	mark Kampusian	10/14/2021
Full Name (Print clearly)	Signature	Date
2421 Bath Ave	Brocklin N'	11214
Address	City/State/Zip	
718-646-1611	ascona 1	us OYahoo. Com
Геlephone Number	Email Address	

You must submit this form no later than January 3, 2022, to:

LogistiCare Wage and Hour Litigation P.O. Box 26170 Santa Ana, CA 92799

Or, you may submit this form online by going to: transportationproviderlawsuit.com on or before January 3, 2022.

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#### **CONSENT TO JOIN CLAIM FORM**

Mohamad Farah, on behalf of himself and all other similarly situated v. LogistiCare Solutions, LLC Case No. 4:20-cv-00578-RK in the District Court for the Western District of Missouri.

#### **CONSENT TO JOIN**

My name is <u>Darren Barno</u> (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about June 2014 (month, year) to on or about March 2030 (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

Please pri	nt or type the following informat	ion:
Darren Barno	Dance Bas	0 10-12-2021
Full Name (Print clearly)	Signature	Date
470 Robins St.	Roselle,	NJ 07203
Address	City/State/Zip	
908-397-5720	Obarnoa	ool@aol.com
Telephone Number	Email Address	

You must submit this form no later than January 3, 2022, to:

LogistiCare Wage and Hour Litigation P.O. Box 26170 Santa Ana, CA 92799

Or, you may submit this form online by going to: transportationproviderlawsuit.com on or before January 3, 2022.



#### CONSENT TO JOIN CLAIM FORM

Mohamad Farah, on behalf of himself and all other similarly situated v. LogistiCare Solutions, LLC Case No. 4:20-cv-00578-RK in the District Court for the Western District of Missouri.

CONS	ENT TO JOIN
My name is LIVIN BIRCH (	print name). I was an In Network Transportation Provider for
LOGISTICARE SOLUTIONS, LLC, from on or 12/20 (month, year). By my signature	about 10,18 (month, year) to on or about below, I hereby authorize the filing and prosecution of claims in
my name and on my behalf to contest LOGISTICARE S	SOLUTIONS, LLC'S alleged failure to pay me wages as required
	sent in the event it needs to be refiled for procedural purposes. I
	unsel of record for the named Plaintiff to prosecute this lawsuit on
	erted in this case. I hereby consent, agree and opt-in to become a
party plaintiff herein and be bound by any judgment of the	ne Court or any settlement of this action.
Please print or type	e the following information:
Elvin BIRct	10-12-21
Full Name (Print clearly)	Signature Date
3094 Treuson Dr. T.	Anver, WC 28037
Address	City/State/Zip
516-545-9713	elvinbbirch@gmail.com
Telephone Number	Email Address

You must submit this form no later than January 3, 2022, to:

LogistiCare Wage and Hour Litigation P.O. Box 26170 Santa Ana, CA 92799

Or, you may submit this form online by going to: transportationproviderlawsuit.com on or before January 3, 2022.

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#### **CONSENT TO JOIN CLAIM FORM**

Mohamad Farah, on behalf of himself and all other similarly situated v. LogistiCare Solutions, LLC Case No. 4:20-cv-00578-RK in the District Court for the Western District of Missouri.

#### **CONSENT TO JOIN**

My name is LOGISTICARE SOLUTIONS, LLC, from on o (month, year). By my signatur my name and on my behalf to contest LOGISTICARE under federal law. I also authorize the filing of this co specifically authorize the named Plaintiff, along with comy behalf and to negotiate a settlement of the claims as party plaintiff herein and be bound by any judgment of	r about (month, re below, I hereby authorize the filing at SOLUTIONS, LLC'S alleged failure to unsent in the event it needs to be refiled bunsel of record for the named Plaintiff serted in this case. I hereby consent, ag	year) to on or about and prosecution of claims in the pay me wages as required for procedural purposes. If to prosecute this lawsuit on the gree and opt-in to become a
Please print or typ	be the following information:	ma 10-12-21
Full Name (Print clearly)	Signature	Date
205 S. Priew Of	City/State/Zip	25

Telephone Number

**Email Address** 

You must submit this form no later than January 3, 2022, to:

LogistiCare Wage and Hour Litigation
P.O. Box 26170
Santa Ana, CA 92799

Or, you may submit this form online by going to: transportationproviderlawsuit.com on or before January 3, 2022.

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Case 4:20-cv-00578-RK

#### CONSENT TO JOIN CLAIM FORM

Mohamad Farah, on behalf of himself and all other similarly situated v. LogistiCare Solutions, LLC Case No. 4:20-cv-00578-RK in the District Court for the Western District of Missouri.

#### **CONSENT TO JOIN**

My name is MCTOR NJE (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about February 2017 (month, year) to on or about November 2020 (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

Please print or type the following information:

VICTOR MIBRULA NITE		10/19/	21
Full Name (Print clearly)	Signature	Date	*
			V 18
Address	City/State/Zip		
910 S Caswell Ave	Compton / CA	190220	
Telephone Number 424-223-2514 You must submit	Email Address かんいたいでし t this form no later than Janu	yahoo · com ary 3, 2022, to:	

LogistiCare Wage and Hour Litigation P.O. Box 26170 Santa Ana, CA 92799

Or, you may submit this form online by going to: transportationproviderlawsuit.com on or before January 3, 2022.

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#### **CONSENT TO JOIN CLAIM FORM**

Mohamad Farah, on behalf of himself and all other similarly situated v. LogistiCare Solutions, LLC Case No. 4:20-cv-00578-RK in the District Court for the Western District of Missouri.

#### **CONSENT TO JOIN**

My name is	Mokkis (print name). I was an In	n Network Transportation Provider for
LOGISTICARE SOLUTIONS, LLC,	from on or about MAY 20	$\mathcal{L}_{\phi}$ (month, year) to on or about
	By my signature below, I hereby authoriz	
my name and on my behalf to contest LC		
under federal law. I also authorize the fi	iling of this consent in the event it needs	to be refiled for procedural purposes. I
specifically authorize the named Plaintiff		
my behalf and to negotiate a settlement of	of the claims asserted in this case. I hereb	by consent, agree and opt-in to become a
party plaintiff herein and be bound by any	y judgment of the Court or any settlement	t of this action.
Plea	se print or type the following informati	ion:
~ 11 M	1/1/1/20	
Timoly Moras	48/10	1400721
Full Name (Print clearly)	Signature	Date
0 0		
YOBOX 56424	N.O. LA 10	156
Address	City/State/Zip	
524417/116	THUS PORTOTION B	4410 YAHOO COM
Telephone Number	Email Address	/
You must si	ubmit this form no later than January	3, 2022, to:

LogistiCare Wage and Hour Litigation P.O. Box 26170 Santa Ana, CA 92799

Or, you may submit this form online by going to: <u>transportationproviderlawsuit.com</u> on or before January 3, 2022.



Case 4:20-cv-00578-RK Document 1 မြိတ်း 10/27/21 Page 10 of 17

## **CONSENT TO JOIN CLAIM FORM**

Mohamad Farah, on behalf of himself and all other similarly situated v. LogistiCare Solutions, LLC Case No. 4:20-cv-00578-RK in the District Court for the Western District of Missouri.

# **CONSENT TO JOIN**

my name and on my under federal law. I specifically authorize my behalf and to neg	DLUTIONS, LLC, from or month, year). By my sign behalf to contest LOGISTICA also authorize the filing of this the named Plaintiff, along with the tale a settlement of the claim and be bound by any judgment.	n or about ON 20 nature below, I hereby authors. RE SOLUTIONS, LLC'S is consent in the event it in the counsel of record for the ins asserted in this case. It	(mon horize the filing alleged failure eeds to be refine e named Plaint hereby consent	th, year) to on or a g and prosecution of clain e to pay me wages as req led for procedural purpos iff to prosecute this lawsu , agree and opt-in to beco	about ms in uired es. I
	Please print or	type the following infor	mation:		
Full Name (Print cle	S Now arly)	Signature		10/14/2021 Date	
1210 EN	ISENADA DR	FLORISSANT	MO	63031	
Address		City/State/Zip			
314. 7	79. 9905	AU YEAR	MANSIT (a	YAHOU. COM	
Telephone Number		<b>Email Address</b>			
You must submit this form no later than January 3, 2022, to:					

LogistiCare Wage and Hour Litigation P.O. Box 26170 Santa Ana, CA 92799

Or, you may submit this form online by going to: transportationproviderlawsuit.com on or before January 3, 2022.

#### CONSENT TO JOIN CLAIM FORM

Mohamad Farah, on behalf of himself and all other similarly situated v. LogistiCare Solutions, LLC Case No. 4:20-cv-00578-RK in the District Court for the Western District of Missouri.

# My name is Johan Jaozegui (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about \_\_\_\_\_\_ (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

under federal law. I also authorize the filing of this consent in the event it needs to be refuled for procedural purpose				
specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit				
my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become	me a			
party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.				
Please print or type the following information:				
Johann Jauregui Jamelii 10/7/21				
Full-Name (Print clearly)  Date				
309 STEPNEY ST #1 Inclewoon CA 90307				
31 211 (2000)				
Address City/State/Zip				
76166 7558				
760) 991-7203 Johann . Jaure guil egnail o com				
Telephone Number Email Address				

You must submit this form no later than January 3, 2022, to:

LogistiCare Wage and Hour Litigation P.O. Box 26170 Santa Ana, CA 92799

Or, you may submit this form online by going to: transportationproviderlawsuit.com on or before January 3, 2022.

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#### **CONSENT TO JOIN CLAIM FORM**

Mohamad Farah, on behalf of himself and all other similarly situated v. LogistiCare Solutions, LLC Case No. 4:20-cv-00578-RK in the District Court for the Western District of Missouri.

# **CONSENT TO JOIN**

My name is Lovetta Jones (print name). I was an In Network Transportation Provider for
LOGISTICARE SOLUTIONS, LLC, from on or about Savuary 2018 (month, year) to on or about
August 2020 (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in
my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required
under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I
specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on
my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a
party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

Please print or type the following information:

Love Ha Jones Full Name (Print clearly)	Lovetta Gones 10-18-21 Signature Date			
127 Smith ANE Suite D Address	Thomasuille, GA 31792 City/State/Zip			
229-319-2404	hawkonel@yahoo.com			
Telephone Number	Email Address			
You must submit this form no later than January 3, 2022, to:				
LogistiCare \	Wage and Hour Litigation			

Or, you may submit this form online by going to: transportationproviderlawsuit.com on or before January 3, 2022.

P.O. Box 26170 Santa Ana, CA 92799

#### CONSENT TO JOIN CLAIM FORM

Mohamad Farah, on behalf of himself and all other similarly situated v. LogistiCare Solutions, LLC Case No. 4:20-cv-00578-RK in the District Court for the Western District of Missouri.

CONSENT TO JOIN

orint name) was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on about (month, year) to on or about \_ (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action. Please print or type the following information: David Veal, Sr Full Name (Print clearly) Signature P.D. Box 4572 City/State/Zip Address ellsouth ne 318-229-9596 **Email Address Telephone Number** You must submit this form no later than January 3, 2022, to:

LogistiCare Wage and Hour Litigation P.O. Box 26170 Santa Ana, CA 92799

Or, you may submit this form online by going to: transportationproviderlawsuit.com on or before January 3, 2022.

# **CONSENT TO JOIN CLAIM FORM**

Mohamad Farah, on behalf of himself and all other similarly situated v. LogistiCare Solutions, LLC Case No. 4:20-cv-00578-RK in the District Court for the Western District of Missouri.

#### **CONSENT TO JOIN**

Telephone Number

760-881-2920

**Email Address** 

Weraboaa@ Grnail. com.

You must submit this form no later than January 3, 2022, to:

LogistiCare Wage and Hour Litigation P.O. Box 26170 Santa Ana, CA 92799

Or, you may submit this form online by going to: transportationproviderlawsuit.com on or before January 3, 2022.



#### **CONSENT TO JOIN CLAIM FORM**

Mohamad Farah, on behalf of himself and all other similarly situated v. LogistiCare Solutions, LLC Case No. 4:20-cv-00578-RK in the District Court for the Western District of Missouri.

#### **CONSENT TO JOIN**

My name is Valerie Wallace (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about October 2015 (month, year) to on or about my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

Please print or type the following information:

Valerie M. Wallace	Valerie M. Wallace	10/15/2021			
Full Name (Print clearly)	Signature	Date			
13401 Old McColl R	Rd. Gibson Nc 28343				
Address	City/State/Zip				
(910)318-4538 totalcaretransportation13401@yahoo.com					
Telephone Number Email Address					
You must submit this form no later than January 3, 2022, to:					
LogistiCare Wage and Hour Litigation					

Or, you may submit this form online by going to: transportationproviderlawsuit.com on or before January 3, 2022.

P.O. Box 26170 Santa Ana, CA 92799

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Case 4:20-cv-00578-RK Document 105-10 Filed 10/27/21 Page 16 of 17

# **CONSENT TO JOIN CLAIM FORM**

Mohamad Farah, on behalf of himself and all other similarly situated v. LogistiCare Solutions, LLC Case No. 4:20-cv-00578-RK in the District Court for the Western District of Missouri.

# **CONSENT TO JOIN**

my name and on my behalf to contest LOGISTICAL under federal law. I also authorize the filing of this specifically authorize the named Plaintiff, along with my behalf and to negotiate a settlement of the claims	or about 10/18 ature below, I hereby author RE SOLUTIONS, LLC'S all s consent in the event it need the counsel of record for the n s asserted in this case. I her	(month, year) to on or about rize the filing and prosecution of claims in lleged failure to pay me wages as required ds to be refiled for procedural purposes. I named Plaintiff to prosecute this lawsuit on reby consent, agree and opt-in to become a		
party plaintiff herein and be bound by any judgment				
Please print or	type the following informa	ation:		
Danier D. Williams	Pu	10/13/21		
Full Name (Print clearly)	Signature	Date		
1706 washington Ave # 418	Stihouis	Mo 63103		
Address	City/State/Zip			
601-624.8256	damieswilling	ns1979 @ yahoo.com		
Telephone Number	<b>Email Address</b>			
You must submit this form no later than January 3, 2022, to:				
LogistiCare Wage and Hour Litigation				
P.O. Box 26170				
Santa Ana, CA 92799				

Or, you may submit this form online by going to: <u>transportationproviderlawsuit.com</u> on or before January 3, 2022.

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